Case Number:	CM13-0019747		
Date Assigned:	10/11/2013	**Date of Injury:**	02/01/2009
Decision Date:	01/02/2014	**UR Denial Date:**	08/28/2013
Priority:	Standard	**Application Received:**	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Emergency Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This patient is a 53-year-old male who reported on injury on 02/01/2009. Per the documentation submitted for review, the patient has persistent neck, as well as low back pain described as a stiffness and soreness with pain radiating to the upper and lower extremities and with associated complaints of weakness of the hands and numbness and tingling. Notes indicated the patient was evaluated on 07/18/2013 with an additional complaint of bilateral knee pain. Notes indicate that the patient has undergone treatment with medication management to include Ambien, Vicodin and Flexeril and that the patient has undergone treatment with shoulder joint injections providing relief in the short term, as well as an unknown number of sessions of formal physical therapy for the knees and shoulders; however, as of 07/18/2013, the patient had not yet attended physical therapy for the lower back. Evaluation of the patient's cervical spine on 07/18/2013 noted positive findings for paravertebral musculature tenderness bilaterally at C5-6 and C6-7 with tenderness bilaterally at the trapezius, the parascapular region and with positive findings of bilateral Spurling sign. Motor strength was rated as 5/5 in the upper extremities with limited range of motion noted on exam in all planes. Reflexes were normal and symmetric bilaterally. Evaluation of the patient's shoulders noted left-sided subacromioclavicular tenderness and right-sided acromioclavicular tenderness. Impingement testing was positive on the left with notes indicating the patient had limited range of motion with active abduction to 160 degrees. Straight leg raise was noted to be positive on the left in the supine position with positive left-sided flip test and Lasegue test. Patellofemoral tenderness as well as medial and lateral joint line tenderness was noted in examination of the knees with bilateral range of motion from 0 to 125 degrees. Lower extremity strength was rated as 5/5 bilaterally and reflexes of the knees a

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Cyclobenzaprine 10mg #20: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Section Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Section Page(s): 41-42.

Decision rationale: The California MTUS states that Cyclobenzaprine (FlexerilÂ®) is recommended for a short course of therapy. Flexeril is more effective than placebo in the management of back pain; however, the effect is modest and comes at the price of greater adverse effects. The effect is greatest in the first 4 days of treatment, suggesting that shorter courses may be better. Therefore, treatment should be brief. However, while the documentation submitted for review indicates in documentation from 03/07/2013 through 06/20/2013 no indication of prior use of Flexeril, the clinical notes submitted for review on 07/18/2013 indicate that the employee had already been prescribed Flexeril. However, it is unclear from the documentation submitted for review the length of time for which the employee was utilizing Flexeril. Furthermore, while the current request is for 20 tablets of the medication, which would indicate a short course of therapy, further clarification is needed regarding the length of time for which the employee has been taking the medication overall. Also, there is a lack of documentation submitted for review indicating on 07/18/2013 or in prior documentation that the employee has muscle spasms. The request for Cyclobenzaprine 10 mg #20 is not medically necessary and appropriate.